

NOTICE OF FORM CHANGE NO. 03-173

DATE

10/24/2003

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 866 (10/03) - Relinquishment of an Indian Child In or Out-of-County
(Presumed Father Denies He is the Birth Father in California)

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/03	REPLACES 1/00	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 9/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is now a Master Only. Unit of issue changed to Each.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

RELINQUISHMENT OF INDIAN CHILD

In or Out-of-County

(Presumed Father Denies He is the Birth Father in California)

NAME OF TRIBE	ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION
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Complete upper section before sending this form to an out-of-county agency that has been requested to take the annexed relinquishment.

On this _____ day of _____, 20 ____ .

the _____
(NAME OF AGENCY)

hereby signifies its willingness to accept the annexed relinquishment and to accept said minor child for adoption.

By _____
(AUTHORIZED AGENCY OFFICIAL)

I, _____, being presumed by law to be the father of _____
(NAME OF PRESUMED FATHER) (NAME OF CHILD)

a minor _____ child, born on _____ in _____ declare I
(GENDER) (DATE) (CITY) (STATE)

am not the birth father and do hereby relinquish and surrender the child for adoption to _____
(NAME OF AGENCY)

(AGENCY ADDRESS)

()
(TELEPHONE NUMBER)

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption.

I fully understand that when this relinquishment is filed with and acknowledged by the California Department of Social Services, all my rights to the custody, services and earnings of the child and any responsibility or the care and support of the child will be terminated, and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed. I declare that I am not the birth father of the child and am executing this relinquishment to adoption solely for the purpose of promoting the welfare of the child by facilitating the child's placement for adoption.

(DATE)

(SIGNATURE OF PRESUMED FATHER)

The foregoing relinquishment was signed on _____ by _____ in the presence of:
(DATE) (NAME OF PRESUMED FATHER)

(NAME OF WITNESS)

(SIGNATURE OF WITNESS)

(NAME OF WITNESS)

(SIGNATURE OF WITNESS)

STATE OF CALIFORNIA
COUNTY OF _____ } ss.

On this _____ day of _____, 20 ____ , before me, _____,
(NAME OF AUTHORIZED AGENCY OFFICIAL)

an authorized official of the _____
(NAME OF AGENCY)

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared _____ known

to me to be the person whose name is subscribed to this relinquishment and acknowledged to me that he executed this relinquishment.
(NAME OF PRESUMED FATHER)

(TITLE)

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative who signature is affixed above, in my presence, and in a language understood by the parent.

(DATE)

(SIGNATURE OF JUDGE)

(SUPERIOR COURT)